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**Bell Laboratories, Inc.**

3699 Kinsman Boulevard, Madison, Wisconsin 53704 U.S.A. / 608/241-0202 / Fax: 608/241-4081

11 February 2003

Document Processing Desk - 6A2  
Office of Pesticide Programs - 7504C  
U.S. Environmental Protection Agency  
Ariel Rios Building  
1200 Pennsylvania Ave. N.W.  
Washington, DC 20460

Re: FIFRA Section 6(a)(2) – Voluntary Industry Report for Adverse Effects Incident Information

Enclosed, please find our Voluntary Industry Report for Adverse Effects Incident Information submitted in accordance with FIFRA section 6(a)(2). Also, in accordance with FIFRA section 6(a)(2), and as specified under 40CFR Part 159.156, we include the following information in this cover letter.

Submitter: Craig A. Riekana  
Compliance Manager  
Bell Laboratories, Inc.

Registrant Name: Bell Laboratories, Inc.  
3699 Kinsman Blvd.  
Madison, WI 53597

Transmittal Date: February 11, 2003

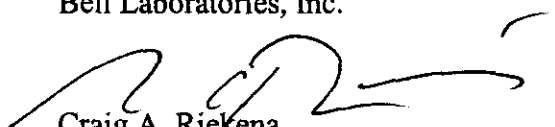
Submission: Voluntary Incident Report

Reportable Substance:

<u>Product</u>	<u>EPA Reg. #</u>
ZP Tracking Powder	12455-16

Sincerely,

Bell Laboratories, Inc.

  
Craig A. Riekana  
Compliance Manager  
Bell Laboratories, Inc.  
criekena@belllabs.com

# Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 1 of 3

Row 1	Reporter Name <b>[REDACTED]</b>	Submission date.	Contact person (if different than reporter)	Internal ID <b>I-6809681</b>
Administrative Data	Address <b>Vadalia Georgia</b>		Address	
	Phone # <b>[REDACTED]</b>		Phone #	
	Incident Status: <b>New</b>	Location and date of incident <b>Vadalia Georgia 12/19/02</b>	Date registrant became aware of incident. <b>12/19/02</b>	Was incident part of larger study? <b>No</b>
Row 2	EPA Registration # (Product 1) <b>12455-16</b>	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s) <b>Zinc Phosphide</b>	A.I. (s)	A.I. (s)	
	Product 1 name <b>ZP Tracking Powder (4oz, 1.1 &amp; 25lb)</b>	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? <b>NA</b>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation <b>Bait</b>	Formulation	Formulation	
	Evidence label directions were not followed? <b>No</b> Intentional misuse? <b>No</b>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <b>Own Residence</b>	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <b>See Incident Description</b>	
	Applicator certified PCO? <b>Not applicable</b>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <b>See Incident Description</b>			

\*Personal privacy information\*

Brief description of incident circumstances.

*12/19/02 4:35:15 PM Caller accidentally inhaled a small amount of powder into her nose. She also got some on her hands. These areas are now irritated. She has washed with soap and water.*

*REC: Take a hot shower and wash clothing. Steam from shower may provide relief with the nasal irritation. Sxs should gradually subside.*

*1/27/03 2:48:40 PM [REDACTED] calling back. States that irritation to her nose has never gone away. C/o irritation and redness on outside of nose. Has not spoken with a MD about this.*

*A: Ref DF.*

*Not expected to see persistent irritation with exposure described. With sx's over 1 month rec seeing a MD for eval. Have MD CB IPC to discuss product PRN.*

*1/28/03 5:13:17 PM [REDACTED] and boss, [REDACTED] calling back again wondering about tx? She is on unknown ointment and allegra.*

*A: Explained that this is not a common occurrence with zinc phosphide and persisting ulceration. Should continue with MD and offer IPC # and case # for cb.*

*1/29/03 2:05:43 PM Diane Nixon, PA  
(wouldn't give phone #)*

*HX: Pt just came to clinic yesterday for the first time. Pt had nasal irritation and nasal ulcers. Calling to fu and get any additional data. Did not have case #.*

*A: consulted with DF:*

*Discussed that product is in an overexposure situation can cause nasal irritation on inhalation. However, this would be an acute effect only - acute nasal irritation only - and would not cause long term nasal irritation (>1 mo now) or the nasal ulcers. Look for other causes.*

*REC: Treat sxs. Look for other causes. cb prn.*

**\*Personal privacy information\***

# Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 3 of 3

Demographic information: Age: <i>Unknown Adult (18-64)</i> Sex: <i>Female</i> Occupation (if relevant)	Exposure route: <i>Inhalation</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)?  <i>Not applicable</i>
If female, pregnant? <i>DNQ</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>HCF</i>	List signs/symptoms/adverse effects  <i>Nasal irritation - 15 min or less , Dermal Irritation/Pain - 15 min or less , Erythema/Flushed - More than 2 weeks , nasal ulcers More than 2 weeks</i>		If lab tests were performed, list test names and results (If available, submit reports)
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #  
*1-6209681*